Foster Family Home - Corrective Action Report

Provider ID: 1-580888

Home Name: Azucena Luiz, CNA Review ID: 1-580888-9

91-414 Papipi Drive Reviewer: Jackie Chamberlain

Ewa Beach HI 96706 Begin Date: 7/6/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

3 Person Fire Safety, 3 Person Fire Safety (3P) Fire

Natural Disaster

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire: none documented since since 5/2021

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) unable to locate client 1 2 or 3

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Foster Family H	lome Records	[11-800-54]
54.(c)(2)	Client's current individual service plan, an	d when appropriate, a transportation plan approved by the department;
54.(c)(5)	Medication schedule checklist;	
54.(c)(7)	Expenditure records; and	
54.(c)(8)	Personal inventory.	
Comment:		
54.(c)(7) Client # 3 No Personal allowance log documentation 54.(c)(8) Client # 3 No client belonging record documentation		
service plan outcome Client # 3 service the clients bed do 54.(c)(5) Medicar record and / or the clients bed do 1.00 medicar r	dated e plan has for use of which oes not have	

Primary Care Giver

 $\frac{7/6/21}{\frac{Date}{16/21}}$

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